

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: **KENTUCKY** **Filings Made During the Year 2009**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"x14")	2	EO	XXX	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	Xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	XXX	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	EO	XXX	3/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	EO	XXX	4/1	NAIC	
	11	Actuarial Certification Related Annuity Nonforfeiture Compliance	1	EO	XXX	3/1	Company	
	12	Actuarial Opinion on X-Factors	1	EO	XXX	3/1	Company	
	13	Actuarial Opinion on Separate Accounts Funding	1	EO	XXX	3/1	Company	
	14	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	XXX	3/1	Company	
	15	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	
	16	Interest Sensitive Life Insurance Products Report	2	EO	xxx	4/1	NAIC	
	17	Investment Risk Interrogatories	2	EO	XXX	4/1	NAIC	
	18	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	
	19	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	
	20	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	
	21	Management Discussion & Analysis	2	EO	XXX	4/1	Company	
	22	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	
	23	Medicare Part D Coverage Supplement	2	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	24	Reasonableness of Assumptions Certification	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	25	Reasonableness & Consistency of Assumptions Cert.	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	26	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	27	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	28	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	29	Risk-Based Capital Report	1	EO	XXX	3/1	NAIC	
	30	RBC Certification required under C-3 Phase I	1	EO	XXX	3/1	Company	
	31	RBC Certification required under C-3 Phase II	1	EO	XXX	3/1	Company	
	32	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	33	Statement of Actuarial Opinion	2	EO	XXX	3/1	Company	
	34	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	EO	XXX	3/1	Company	
	35	Statement on par/non-par policies - Exhibit 5 Int. 1.1	2	EO	XXX	3/1	Company	
	36	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	37	Supplemental Schedule O	2	EO	Xxx	3/1	NAIC	
	38	Trusted Surplus Statement	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	39	Workers' Compensation Carve Out Supplement	2	EO	XXX	3/1	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	42	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	43	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	44	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	45	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	46	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	47	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	48	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	49	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	50	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	61	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	
	62	Audited Financial Statements	1	EO	XXX	6/1	Company	
	63	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	See "J"	Company	J
	64	Independent CPA	1	N/A	N/A	6/1	Company	
	65	Notification of Adverse Financial Condition	1	N/A	N/A	See "O"	Company	O
	66	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	8/1	Company	
	67	Request for Exemption to File	1	N/A	N/A	See "J"	Company	J
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	0	0	0		State	
	102	Certificate of Deposit	0	0	1	3/1	State	
	103	Certificate of Valuation	0	0	0		State	
	104	Filings Checklist (with Column 1 completed)	0	1	0		State	
	105	Premium tax	See "D"	0	See "D"	3/1	State	D
	106	State Filing Fees	1	0	1	3/1	State	C
	107	Signed Jurat	xxx	Xxx	1	3/1	NAIC	L
	108	Detail Listing of Securities Held Under Safekeeping (Form 143)	2	0	0	3/15, 5/15, 8/15, 11/15	State	
	109	Affidavit Covering Finance Committee (Form 450)	2	0	0	3/1	State	

	110	Certificate on Advertising (Form 440)	2	0	1	3/1	State	
	111	Insurance Holding Company System Annual Registration Statement	1	0	0	4/1	Company	
	112	Schedule of Miscellaneous Investments (Form 460 and Form 470)	2	0	0	3/1, 5/15, 8/15, 11/15	State	
	113	Reconciliation and Summary of Assets and Reserve Requirements (Form 480)	2	0	0	3/1	State	

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	Janet M. Klapheke Or Cecilia Webber (502) 564-6082
	B	Mailing Address: FOR HAND OR OVERNIGHT DELIVERIES ONLY: Kentucky Department of Insurance, 215 West Main Street, Frankfort, KY 40601, Attention: Financial Standards and Examination Division	KY Department of Insurance P. O. Box 517 Frankfort, KY 40602-0517
	C	Mailing Address for Filing Fees: RENEWAL FEES ARE TO BE PAID ONLINE. CLICK ON eSERVICE ON OUR WEB SITE, http://doi.ppr.ky.gov/kentucky/. USER NAME AND PASSWORD WERE SENT TO ANNUAL STATEMENT CONTACT PERSON.	KY Department of Insurance P. O. Box 517 Frankfort, KY 40602-0517
	D	Mailing Address for Premium Tax Payments: Premium Tax Forms are available on the Department of Revenue's Web site, http://revenue.ky.gov/forms. Click on "Current Year Forms."	Department of Revenue P. O. Box 1303 Frankfort, KY 40602-1303 or Department of Revenue 501 High Street Frankfort, KY 40601 Telephone: 502/564-4810
	E	Delivery Instructions:	All filings must be postmarked no later than the indicated due date, even if the due date falls on a weekend or holiday.
	F	Late Filings:	Companies will be fined \$100 per day for a late filing, provided an extension has been granted. In cases where an extension has not been granted, an additional civil penalty of \$1,000 may be assessed.
	G	Original Signatures:	Original signatures required on all filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions regarding signatures.
	H	Signature/Notarization/Certification:	Per KRS 304.3-240(1) – shall be verified by the oaths of at least two of the insurers' principal Departmentrs.
	I	Amended Filings:	DOMESTIC ONLY: Amended items must be filed within 10 days of the amendment, along with an explanation of the amendment. If there are signature requirements for the original filing, same should

			be followed for the amendment.
	J	Exceptions from normal filings:	Foreign companies must supply a written copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such from Kentucky. Domestic companies should apply at least 30 days prior to the due date.
	K	Bar Codes (State or NAIC):	Please follow the NAIC Annual Statement Instructions.
	L	Signed Jurat:	Foreign companies must file a copy of the Signed Jurat Page for the Annual Statement with Kentucky by 3/1.
	M	NONE Filings:	Please follow the NAIC Annual Statement Instructions.
	N	Filings new, discontinued or modified materially since last year:	For all companies, see Note P and Q.
	O	Notification of Adverse Financial Condition	Notice of Adverse Financial Condition is due 5 business days after receipt of the accountant's report and must be sent to: David Howe Early Warning Analyst Kentucky Department of Insurance P. O. Box 517 Frankfort, KY 40602-0517
	P	Kentucky Annual Filing Instructions	For additional instructions, please see the Kentucky Annual Filing Instructions listed on our web site directly above the NAIC checklist for each type of entity.
	Q	Changes to Company Information on web site	Please verify that the information listed on our web site for the company is correct. Any changes should be made within 30 days of the change and should be filed on the appropriate forms – NAIC UCCA Corporate Amendment Application, Form 12 Service of Process, Form 14 Address and Contact Change. Biographical affidavit must be submitted for new president only.

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Risk-Based Capital .PDF Filing*** is the .pdf file for risk-based capital data.

The ***Separate Accounts Electronic Filing*** includes the separate accounts annual statement and investment schedule detail.

The ***Separate Accounts .PDF Filing*** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions*.

The ***Supplement .PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Electronic Filing*** includes the quarterly statement data.

The ***Quarterly .PDF Filing*** is the .pdf for quarterly statement data.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. . **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: “NAIC,” “State,” or “Company,” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*..

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.